2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED May 23, 2001 8:00 am Secretary of State DOCUMENT # **P92000002320** TALLAHASSEE MEDIATION CENTER, INC. 05-23-2001 91170 002 ***150 00 Principal Place of Business Mailing Address 902 NORTH GADSDEN ST. 902 NORTH GADSDEN ST. SUITE A SUITE A TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Flace of Business 3. Mailing Address 320 JOHNSTON Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Appliec For 59-3149311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BELL-MOORY, ANGELA** 902-A NORTH GADSDEN STREET TALLAHASSEE FL 32303 asce e se of changing its registered office or registered agent, or both, in the State of Florida ly submits this statement for the 8. The above a SIGNATURE 3 gnature, ty Registered Agent's anature required when reinstating FILE NOW !! FEE IS \$150.00 9. This corpo ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criter a on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE X Delete TITLE NAME SIEGENDORF, ARDEN M NAME STREET ADDRESS STREET ADDRESS 902-A NORTH GADSDEN STREET CITY-ST-ZIP CITY ST-ZIP TALLAHASSEE FL Change Addition TITLE THUE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CDY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby cortify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that r y signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustey empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an a

Attachment

TALLAHASSEI MEDIATION CENTER, INC.

320 JOHNSTON STREET TALLAHASSEE, FL 32303-6214

DOC.#P9200002320

ROBERT C. APGAR, PRESIDENT TELEPHONE: (850) 222-1888 FACSIMILE: (850) 224-3083

May 22, 2001

Division of Corporations Uniform Business Report Filings PO Box 1500

Tallahassee, FL 32302-1500

Gentlemen:

CERTIFIED MEDIATORS/ARBITRATORS

ARDEN M. SIEGENDORF

Robert C. Apgar Jeffrey H. Barker

This is to request that you accept the enclosed report for filing at the regular fee of \$150.00, check enclosed. I acknowledge that this is a late filing. My wife and I purchased the corporation in October, 2000. This is our first experience with a corporation and we are unfamiliar with the reporting requirements.

Thank you for your consideration.

Sincerely

Robert C. Apgar, President

RCA/pg Enclosure